**AUTOMOBILE APPLICATION FOR INSURANCE FOR NON-TRUCKING USE (BOBTAIL)**

# COVERAGE APPLIED FOR IS RESTRICTED—READ THE “STATEMENT OF COVERAGEUNDERSTANDING” ON PAGE 5 OF THIS APPLICATION AUTOMOBILE APPLICATION FOR INSURANCE FOR NON-TRUCKING USE (BOBTAIL)

|  |  |
| --- | --- |
| Name of Applicant:              Street Address:              P.O. Mailing Address:              Garaging Location:        | Agent Name:       Agency Name:       Address:              Agent No.:       **PROPOSED EFFECTIVE DATE:****From**        **To**       **12:01 A.M., Standard Time, at the mailing address of the Applicant.** |

**PARTIALLY COMPLETED APPLICATIONS ARE UNACCEPTABLE. ALL QUESTIONS MUST BE ANSWERED.
IF A QUESTION IS NOT APPLICABLE, INDICATE “NOT APPLICABLE.”**

|  |
| --- |
| **DESCRIPTION OF OPERATIONS** |

**1. Applicant is:** [ ]  Individual [ ]  Partnership [ ]  Corporation [ ]  Other:

**2. Number of years experience as a commercial truck driver:**

**3. Under whose authority do you operate?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone Number** | **Contact Person** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Provide a complete copy of the current lease agreement.

**4. List below all drivers, owners/officers, partners currently employed as of the proposed effective date.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Driver’s Name | **D/C\*** | **DateofBirth** | **Driver’s License No.** | State | **Class of License** | **No. ofYearsDrivingSimilar Vehicle** | **Length of Employment** | **List Past Three Years of Accidents and Traffic Violations** |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |

\*Designation Code: O—Owner/Officer, P—Partner, E—Employee

**5. Are any regulatory filings required?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, provide type of filing and exact name authority is written under:       |

**6. Previous non-trucking insurance carrier and loss experience—Past three years (attach prior loss reports):**

|  |  |  |
| --- | --- | --- |
| **Policy Period** | **Prior Insurance Carrier** | **Loss Details**  |
| **From** | **To** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**7. Has insurance for this type of coverage been canceled or declined or has renewal been refused? (Not applicable in Missouri)** [ ]  Yes [ ]  No

If so, provide full details:

|  |
| --- |
| **LIMIT AND COVERAGE INFORMATION** |

**8**. **Liability:** Combined Single Limits: $      Split Limit: B.I. Per Person: $

B.I. Per Accident: $      Property Damage: $

**Liability Deductible:** **[ ]  $1,000** **[ ]  Over $1,000**

$       **Submit to company—financials may be required.**

**9.** **Uninsured Motorist:** [ ]  Rejected [ ]  Limits Accepted $

**10. Underinsured Motorist:** [ ]  Rejected [ ]  Limits Accepted $

(Complete appropriate UM/UIM Selection/Rejection Form for Questions 9. and 10.)

**11. Optional no-fault state:** PIP rejected? [ ]  Yes [ ]  No

**12. Mandatory no-fault state:** PIP basic limits accepted? [ ]  Yes [ ]  No

(Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions **11.** and **12.**)

**13.** **Medical Payments:** [ ]  Rejected [ ]  Limits accepted:

**14.** **Are any other entities to be added as additional insureds?** [ ]  Yes [ ]  No

If yes, list:

|  |  |  |
| --- | --- | --- |
| **NAME** | **ADDRESS** | **INTEREST/RELATIONSHIP** |
|       |       |       |
|       |       |       |
|       |       |       |

|  |
| --- |
| **VEHICLE SCHEDULE**(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant’s name.) |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  ST AMT: $       | Value of perm. attached equip.: $       |
| Mfg. seating capacity:     | Radius:       | Farthest city:       |
| City, state, zip where garaged:       |
| License state:       | License plate no.:       |
| GVW/GCW:       | Class.:       |
| Deductibles [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  ST AMT: $       | Value of perm. attached equip.: $       |
| Mfg. seating capacity:     | Radius:       | Farthest city:       |
| City, state, zip where garaged:       |
| License state:       | License plate no.:       |
| GVW/GCW:       | Class.:       |
| Deductibles [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  ST AMT: $       | Value of perm. attached equip.: $       |
| Mfg. seating capacity:     | Radius:       | Farthest city:       |
| City, state, zip where garaged:       |
| License state:       | License plate no.:       |
| GVW/GCW:       | Class.:       |
| Deductibles [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  ST AMT: $       | Value of perm. attached equip.: $       |
| Mfg. seating capacity:     | Radius:       | Farthest city:       |
| City, state, zip where garaged:       |
| License state:       | License plate no.:       |
| GVW/GCW:       | Class.:       |
| Deductibles [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  ST AMT: $       | Value of perm. attached equip.: $       |
| Mfg. seating capacity:     | Radius:       | Farthest city:       |
| City, state, zip where garaged:       |
| License state:       | License plate no.:       |
| GVW/GCW:       | Class.:       |
| Deductibles [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |
| --- |
| **STATEMENT OF COVERAGE UNDERSTANDING****NOTE: In applying for non-trucking use insurance, you understand that there is no liability coverage when you are operating under the authority of others or when leased to others.****If you have any questions about the coverage you are applying for, please discuss them with your insurance agent.** |

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**A COMPLETED COPY OF YOUR LEASE AGREEMENT MUST ACCOMPANY THE APPLICATION.**

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: Date:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

|  |  |  |
| --- | --- | --- |
|  | IMPORTANT NOTICE |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |